

NEW YEAR'S EVE ALTERNATIVE EVENT- EVENT REPORT

Name of Group: _____

Contact Person: _____

Address: _____

Email: _____

Telephone: _____

Number of people that attended event: _____

Start time of event: _____ End time of event: _____

Summary of event: _____

What portion of your event total costs did the stipend represent?

- ☐ Less than $\frac{1}{4}$ of the total costs
- ☐ About $\frac{1}{2}$ of the total costs
- ☐ About $\frac{3}{4}$ of the total costs
- ☐ Almost 100% of total costs

What stipend was used for: _____

Please include the following items, if applicable:

- Media coverage of event (newspaper clippings, TV/radio coverage)
- Promotional materials (flyers, posters, etc.)
- Pictures/video of event which may be featured on the ND Prevention website

Signature of Applicant

Date



Send Completed Event Report to:

Division of Mental Health and Substance Abuse Services

Attention: Elizabeth Cunningham

1237 West Divide Avenue, Suite 1C

Bismarck, ND 58501

Phone: 701-328-8948

Fax: 701-328-8979

E-mail: ecunningham@nd.gov

